the track record of the experimental arms over the past decade?⁵

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Effect of CSM's warning about safety of third generation oral contraceptives

General practitioners in England prescribed second generation pills instead

EDITOR,—On 18 October last year the Committee on Safety of Medicines issued its latest warning on the risk of thromboembolism associated with combined oral contraceptives.¹ It did this after becoming aware of three studies indicating that combined oral contraceptives containing desogestrel and gestodene were likely to be associated with around a twofold increase in the risk of thromboembolism when compared with those containing other progestogens. There was insufficient evidence to know whether norgestimate was also associated with an increased risk. Analysis of the (now published) evidence supports the stand that the committee took over desogestrel and gestodene.

Since the committee's warning, the Prescription Pricing Authority has monitored the use of oral contraceptives on a monthly basis. Use of third generation oral contraceptives containing desogestrel and gestodene fell dramatically: from accounting for about 55% of the total use and 70% of the total costs before the warning they accounted for about 12% and 23% respectively after it. The main change was towards pills containing levonorgestrel, which increased from

30% to 62% of the total use and 16% to 44% of the total costs. Norgestimate was not included in the warning, but its use increased from 7.3% of the total before the warning to 12.3% afterwards and its cost increased from 9.7% of the total to 23%. Figure 1 gives a breakdown of the hormonal contraceptives supplied in September last year (the month before the committee's statement) and February this year.

The average prescription for an oral contraceptive is for 4.5 months, which suggests that roughly equal numbers of prescriptions for three months and six months are supplied. After the Committee on Safety of Medicines' warning the average prescription was for 3.9 months, which suggests that prescribers were trying new products for a shorter period. Prescribing now seems to be returning to its previous pattern.

Because second generation pills are considerably cheaper than third generation pills the costs of oral contraceptives have fallen considerably, though total use has been maintained. Recently, the costs of some oral contraceptives have been increased.

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Contraceptive effectiveness may be being sacrificed for safety

EDITOR,—The Committee on Safety of Medicines recently published a statement about the increased risk of breast cancer associated with oral contraceptives.¹ Have the effects of previous alerts about the contraceptive pill been assessed to show their impact on choices in contraception? Research shows that women primarily choose a contraceptive for its effectiveness and lack of side effects.²

Recently, the Marie Stopes Centre in Leeds reported a rise in the use of condoms by women seeking abortion after the safe sex campaign of the early 1990s³; one possible interpretation of this trend was that women had been influenced in their choice of contraceptive by the huge publicity attendant on that campaign. The use and methods of contraception of women seeking abortion at the centre were surveyed over five years. The percentage of women not using contraception fell over time in direct relation to the rise in the use of condoms.

Figure 1 shows the change in the use of contraceptives by women seeking abortion from January to June for three consecutive years, 1994-6. These findings from the Leeds centre are part of a nationwide study being undertaken by Marie Stopes International. The proportion of women reporting that they used condoms for contraception at the time of unintended or unwanted pregnancy has increased, while the proportion not using contraception has fallen. A similar pattern was found in our previous study.³ Also, the proportion of women choosing to use condoms as their primary method of contraception after abortion has doubled.

No society can attain a situation in which abortion is not required, but the numbers of requests for abortion can be reduced with good provision of contraceptives.⁴ Bromham has highlighted the possibility that misleading information may prevent uptake of new methods of contraception,⁵ but are women also experiencing a reduction in choice in real terms and moving away from more effective methods that are

Fig 1—Change in use of contraceptives by women seeking abortion at one centre during January to June, 1994-6

already available to those methods with fewer perceived side effects but less contraceptive efficacy?

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Abortions increased by nearly 8% in Norway

EDITOR,—The number of women using oral contraceptives in Norway has steadily increased from about 140 000 in 1985 to 160 000 in 1994 (roughly 17% of fertile women). The recent reports of an increased risk of venous thromboembolism associated with third generation compared with second generation oral contraceptives received much attention in the media, and members of the Norwegian parliament demanded that health authorities should take action against the only third generation pill in Norway that contained desogestrel. Last November the Norwegian Medicines Control Authority issued a statement that this pill should be restricted to women who were dissatisfied with second generation pills; this led to a 75% decrease in the use of this particular pill and an 8% decrease in total pill use by late February this year.

In Norway legal abortion has been available on demand up to the end of week 12 since 1978. The annual numbers of these abortions were stable until 1988. Since then there has been a continuous decreasing trend from 15 800 to 14 500 in 1994. The annual number of deliveries has been in the range of 50 000-60 000 in the same period. All legal abortions are performed in public hospitals, each of which serves a well defined geographical area and population.

To study the possible impact of the media scare on the number of abortions we compared the abortion figures for January and February 1996 with those for the same period in 1995 in the nine largest hospitals in Norway (all have more than 2000 births each year; total 29 200 in 1995). With an annual number of abortions of

Fig 1—Use of various types of hormonal contraceptives in September 1995 and February 1996. Figures are numbers of patient months supplied